

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 29
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI SUSAN L		OFFICE USE ONLY Date Received 2011 JAN 18 P 5:03 FILED IN MY OFFICE JACQUELYN E. CALAHAN ELECTIONS ADMINISTRATOR
	NICKNAME LAST SUFFIX PAMERLEAU		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 230 Dwyer Avenue, Unit #1102 San Antonio, TX 78204		Date Hand-delivered or Postmarked
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 566.8920	EXTENSION 566.8920
6 CAMPAIGN TREASURER NAME	MS / MRS (MR) FIRST MI WADE B		Receipt #
	NICKNAME LAST SUFFIX SHELTON		Amount
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 600 Navarro, Suite 500 San Antonio, TX 78205		
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 581.5577	EXTENSION
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 10 / 24 / 2010 01 / 15 / 2011		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE. Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

SUSAN L PAMERLEAU

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)\$ 14,309.⁷⁵/_{xx}EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 32,889.⁰¹/_xCONTRIBUTION
BALANCE

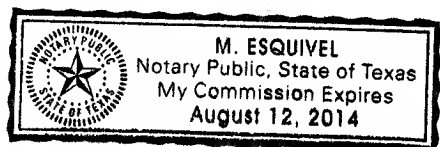
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 1,937.⁰¹/_xOUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 17,200.⁰⁰/₀₀

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Susan Pamerleau
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Susan Pamerleau, this the 18th day of January, 20 11, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

9

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

26 OCT 10

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Ruth Theobald

6 Contributor address; City; State; Zip Code

1 Towers Park Ln. Apt 1107
San Antonio, TX 78209

7 Amount of
contribution (\$)

\$25⁰⁰

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

26 OCT 10

Full name of contributor

☐ out-of-state PAC (ID# _____)

Kenneth & Emma Prescott

Contributor address; City; State; Zip Code

1 Towers Park Ln. Apt 2302
San Antonio, TX 78209

Amount of
contribution (\$)

\$50⁰⁰

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

26 OCT 10

Full name of contributor

☐ out-of-state PAC (ID# _____)

Phillip & Diane Pfeiffer

Contributor address; City; State; Zip Code

300 Convent St. Ste 2200
San Antonio, TX 78205

Amount of
contribution (\$)

\$100⁰⁰

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

26 OCT 10

Full name of contributor

☐ out-of-state PAC (ID# _____)

Stephen Dufilho

Contributor address; City; State; Zip Code

3218 Seven Oaks Drive
San Antonio, TX 78217

Amount of
contribution (\$)

\$1000⁰⁰

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

26 OCT 10

Full name of contributor

☐ out-of-state PAC (ID# _____)

Guyla Sineni

Contributor address; City; State; Zip Code

14 Tilbury Ln
San Antonio, TX 78230

Amount of
contribution (\$)

\$100⁰⁰

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

9

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

26 OCT 10

5 Full name of contributor

☐ out-of-state PAC (ID#)

S.D. & J.C. Dibrell

6 Contributor address; City; State; Zip Code

P.O. Box 12218
San Antonio, TX 782127 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

26 OCT 10

Full name of contributor

☐ out-of-state PAC (ID#)

Col. (Ret.) & Mrs. William Bassett

Contributor address; City; State; Zip Code

1 Towers Park Ln Apt 1013
San Antonio, TX 78209Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

26 OCT 10

Full name of contributor

☐ out-of-state PAC (ID#)

T.R. Theobald

Contributor address; City; State; Zip Code

1 Towers Park Ln Apt 1017
San Antonio, TX 78209Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

26 OCT 10

Full name of contributor

☐ out-of-state PAC (ID#)

Carl F. Raba

Contributor address; City; State; Zip Code

400 E. Wildwood Dr.
San Antonio, TX 78212Amount of
contribution (\$)

\$2500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

26 OCT 10

Full name of contributor

☐ out-of-state PAC (ID#)

Dorothy & Robert White

Contributor address; City; State; Zip Code

1 Towers Park Ln Apt 717
San Antonio, TX 78209Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

9

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

26 OCT 10

5 Full name of contributor

☐ out-of-state PAC (ID#)

Ronald & Sandra Bilski

6 Contributor address; City; State; Zip Code

7400 Crestway Dr. Apt 821
San Antonio, TX 782397 Amount of
contribution (\$)

\$50.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

7 DEC 10

Full name of contributor

☐ out-of-state PAC (ID#)

Janelle McArthur

Contributor address; City; State; Zip Code

P.O. Box 691422
San Antonio, TX 78269Amount of
contribution (\$)

\$150.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2 NOV 10

Full name of contributor

☐ out-of-state PAC (ID#)

GEN William V. McBride

Contributor address; City; State; Zip Code

5100 John D. Ryan Blvd. Apt. 2505
San Antonio, TX 78245Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2 NOV 10

Full name of contributor

☐ out-of-state PAC (ID#)

Michelle Ivery

Contributor address; City; State; Zip Code

3716 Florence Grv.
Schertz, TX 78154Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

18 NOV 10

Full name of contributor

☐ out-of-state PAC (ID#)

Dominion Civic Awareness Committee

Contributor address; City; State; Zip Code

7550 IH 10 West, Ste 800
San Antonio, TX 78269Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

9

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

27 OCT 10

5 Full name of contributor

☐ out-of-state PAC (ID#)

Harold Johnson

6 Contributor address; City; State; Zip Code

3831 Gayle Ave.
San Antonio, TX 78223

7 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

27 OCT 10

Full name of contributor

☐ out-of-state PAC (ID#)

Phil Bakke

Contributor address; City; State; Zip Code

21 Lynn Batts Lane, Suite 10
San Antonio, TX 78248

Amount of
contribution (\$)

\$1000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1 NOV 10

Full name of contributor

☐ out-of-state PAC (ID#)

Eddie spalten

Contributor address; City; State; Zip Code

800 Wyoming St.
San Antonio, TX 78203

Amount of
contribution (\$)

\$1000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1 NOV 10

Full name of contributor

☐ out-of-state PAC (ID#)

Chuck Elia

Contributor address; City; State; Zip Code

12019 Rose Blossom
San Antonio, TX 78247

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1 NOV 10

Full name of contributor

☐ out-of-state PAC (ID#)

Christian Alvarado

Contributor address; City; State; Zip Code

43 Rainey Street # 2405
Austin, TX 78701

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A:

9

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1 NOV 10

5 Full name of contributor

☐ out-of-state PAC (ID#)

Tracie Steiner Dunlap

6 Contributor address; City; State; Zip Code

3102 Mares Meadow
San Antonio, TX 782477 Amount of
contribution (\$)

\$500.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1 NOV 10

Full name of contributor

☐ out-of-state PAC (ID#)

G. Hasslocher

Contributor address; City; State; Zip Code

8520 Crownhill
San Antonio, TX 78209Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1 NOV 10

Full name of contributor

☐ out-of-state PAC (ID#)

Malcolm T. Hartman

Contributor address; City; State; Zip Code

1250 N.E. Loop 410, Suite 210-A
San Antonio, TX 78209Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1 NOV 10

Full name of contributor

☐ out-of-state PAC (ID#)

GPM PAC

Contributor address; City; State; Zip Code

P.O. Box 659567
San Antonio, TX 78265Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2 NOV 10

Full name of contributor

☐ out-of-state PAC (ID#)

Sarah Giamble

Contributor address; City; State; Zip Code

420 Wells Spring Road
Dandridge, TN 37725Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

9

2 FILER NAME

SUSAN AMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1 NOV 10

5 Full name of contributor

☐ out-of-state PAC (ID#)

Cathy Obriotti Green

6 Contributor address; City; State; Zip Code

128 Grant Ave.
San Antonio, TX 782097 Amount of
contribution (\$)

\$200.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1 NOV 10

Full name of contributor

☐ out-of-state PAC (ID#)

Nancy Mauney

Contributor address; City; State; Zip Code

230 Dwyer Ave., #1104
San Antonio, TX 78204Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1 NOV 10

Full name of contributor

☐ out-of-state PAC (ID#)

Gerard & Jo Ann Kolodejczak

Contributor address; City; State; Zip Code

8205 Sterling Green Dr.
San Antonio, TX 78254Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1 NOV 10

Full name of contributor

☐ out-of-state PAC (ID#)

Emerson & Rose Marie Barack

Contributor address; City; State; Zip Code

7611 Vine Wood Ct.
Austin, TX 78701Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4 NOV 10

Full name of contributor

☐ out-of-state PAC (ID#)

Edward & Ruth Austin

Contributor address; City; State; Zip Code

P.O. Box 171068
San Antonio, TX 78217Amount of
contribution (\$)

\$1000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

9

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1 NOV 10

5 Full name of contributor ☐ out-of-state PAC (ID#)

Barbara Hagen

6 Contributor address; City; State; Zip Code

17019 Rose Blossom
San Antonio, TX 782477 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2 NOV 10

Full name of contributor ☐ out-of-state PAC (ID#)

John Buehler

Contributor address; City; State; Zip Code

One Drake Court
Milford, NJ 08848Amount of
contribution (\$)

\$25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2 NOV 10

Full name of contributor ☐ out-of-state PAC (ID#)

George Denninghoff

Contributor address; City; State; Zip Code

30 White House Circle
Pogueson, VA 23062Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2 NOV 10

Full name of contributor ☐ out-of-state PAC (ID#)

Gail Prince

Contributor address; City; State; Zip Code

64 Jenkins Road
Bedford, NH 03110Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2 NOV 10

Full name of contributor ☐ out-of-state PAC (ID#)

Richard Strickler

Contributor address; City; State; Zip Code

1364 Marsh Harbor Drive
Jacksonville, FL 32225Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A:

9

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2 NOV 10

5 Full name of contributor

☐ out-of-state PAC (ID#)

Col. (Ret.) Jack Petri

6 Contributor address; City; State; Zip Code

Badaliceva 266
Zagreb, Croatia 10000

7 Amount of
contribution (\$)

\$100⁰⁰

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2 NOV 10

Full name of contributor

☐ out-of-state PAC (ID#)

Beverly Mentzer

Contributor address; City; State; Zip Code

7 S Windsail Pl
The Woodlands, TX 77381

Amount of
contribution (\$)

\$100⁰⁰

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4 NOV 10

Full name of contributor

☐ out-of-state PAC (ID#)

Tim Hixon

Contributor address; City; State; Zip Code

315 East Commerce St, Suite 300
San Antonio, TX 78205

Amount of
contribution (\$)

\$1000⁰⁰

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

20 OCT 10

Full name of contributor

☐ out-of-state PAC (ID#)

Ed & Nancy Cross

Contributor address; City; State; Zip Code

2 Laurel Place
San Antonio, TX 78209

Amount of
contribution (\$)

\$441³⁶

In-kind contribution
description (if applicable)

fundraiser
catering

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4 NOV 10

Full name of contributor

☐ out-of-state PAC (ID#)

Padgett Strateman & Co., LLP

Contributor address; City; State; Zip Code

100 NE Loop 410, Suite 1100
San Antonio, TX 78216

Amount of
contribution (\$)

\$250⁰⁰

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

9

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4 NOV 10

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

William B. Briggs

6 Contributor address; City; State; Zip Code

13076 Armstead Dr.
St. Louis, MO 63131

7 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2 NOV 10

Full name of contributor

☐ out-of-state PAC (ID# _____)

USAA Federal Savings Bank

Contributor address; City; State; Zip Code

9800 McDermott Freeway
San Antonio, TX 78284

Amount of
contribution (\$)

2.47

In-kind contribution
description (if applicable)

interest on
checking,
debit rebate

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4 NOV 10

Full name of contributor

☐ out-of-state PAC (ID# _____)

JAMES & BARBARA RAMSEY

Contributor address; City; State; Zip Code

2944 KINGSFORD LN
SAN ANTONIO, TX 78259

Amount of
contribution (\$)

\$812.00

In-kind contribution
description (if applicable)

Administrative
Assistance

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2 NOV 10

Full name of contributor

☐ out-of-state PAC (ID# _____)

REPUBLICAN PARTY of BEXAR COUNTY

Contributor address; City; State; Zip Code

900 NE LOOP 410, STE D 105
SAN ANTONIO, TX 78209

Amount of
contribution (\$)

\$53.92

In-kind contribution
description (if applicable)

Office Space

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS**SCHEDULE B**

The instruction Guide explains how to complete this form.

1 Total pages Schedule B:

/

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date**6** Full name of pledgor☐ out-of-state PAC (ID# _____)**8** Amount of
pledge (\$)**9** In-kind description
(if applicable)**7** Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)**11** Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID# _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

/

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4

TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

25 OCT 10

7 Name of lender

☐ out-of-state PAC (ID# _____)

Susan L. Pamerleau

9 Loan Amount (\$)

\$ 10,000-

6 Is lender
a financial
institution?

Y

(N)

8 Lender address; City; State; Zip Code

230 Dwyer Avenue, Unit #1102
San Antonio, TX 78204

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See instructions)

13 Employer (See instructions)

14 Description of Collateral

☒ none15 GUARANTOR
INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

☒ not applicable

17 Guarantor address; City; State; Zip Code

19 Principal Occupation (See instructions)

20 Employer (See instructions)

Date of loan

1 NOV 10

Name of lender

☐ out-of-state PAC (ID# _____)

Susan L. Pamerleau

Loan Amount (\$)

\$ 7200-

Is lender
a financial
institution?

Y

(N)

Lender address; City; State; Zip Code

230 Dwyer Avenue, Unit #1102
San Antonio, TX 78204

Interest rate

Maturity date

Principal occupation / Job title (See instructions)

Employer (See instructions)

Description of Collateral

☒ noneGUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☒ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11		2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12 OCT 10		5 Payee name United States Postal service			
6 Amount (\$) \$748-		7 Payee address; City; State; Zip Code Universal City, TX 78148			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Solicitation/Fundraising		(b) Description (If travel outside of Texas, complete Schedule T) stamps	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 25 OCT 10		Payee name McDonald Signs			
Amount (\$) \$600.00		Payee address; City; State; Zip Code P.O. Box 276557 San Antonio, TX 78227			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) hang banner	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 25 OCT 10		Payee name Constant Contact			
Amount (\$) \$3240		Payee address; City; State; Zip Code 1601 Trapelo Rd. Waltham, MA 02451			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) e-mail marketing	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 25 OCT 10		Payee name Janelle McArthur for House of Print & Copy			
Amount (\$) \$1734.88		Payee address; City; State; Zip Code P.O. Box 691422 354 W. Sunset Rd. San Antonio, TX 78209 San Antonio, TX 78209			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) printing	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11		2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 25 OCT 10		5 Payee name Janelle McArthur for House of Print and Copy			
6 Amount (\$) \$122.18		7 Payee address: City: State: Zip Code P.O. Box 691422 San Antonio, TX 78269 354 W. Sunset Rd. San Antonio, TX 78209			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising		(b) Description (If travel outside of Texas, complete Schedule T) Printing	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 25 OCT 10		Payee name Janelle McArthur for CFI Delivery Ltd.			
Amount (\$) \$14.18		Payee address: City: State: Zip Code P.O. Box 691422 San Antonio, TX 78269 P.O. Box 1393 San Antonio, TX 78295			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) courier	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 25 OCT 10		Payee name Janelle McArthur for Fed Ex Office			
Amount (\$) \$83.26		Payee address: City: State: Zip Code P.O. Box 691422 San Antonio, TX 78269 11745 W IH-10 San Antonio, TX 78230			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) copies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 25 OCT 10		Payee name Janelle McArthur for House of Print & Copy			
Amount (\$) \$485.22		Payee address: City: State: Zip Code P.O. Box 691422 San Antonio, TX 78269 354 W. Sunset Rd. San Antonio, TX 78209			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) printing	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel in District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11		2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 25 OCT 10		5 Payee name Janelle McArthur			
6 Amount (\$) \$60.27		7 Payee address; City; State; Zip Code P.O. Box 691422 San Antonio, TX 78264			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Consulting		(b) Description (If travel outside of Texas, complete Schedule T) Consulting	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 25 OCT 10		Payee name Morehead Idottis / Rybak			
Amount (\$) \$7878.54		Payee address; City; State; Zip Code 122 Oakleaf San Antonio, TX 78209			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Political Advertising	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 25 OCT 10		Payee name David Clark			
Amount (\$) \$2000-		Payee address; City; State; Zip Code 1343 Rotherman Canyon Lake, TX 78133			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Salaries		Description (If travel outside of Texas, complete Schedule T) personal services contract	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 25 OCT 10		Payee name Independent Visual Productions			
Amount (\$) \$469.88		Payee address; City; State; Zip Code 426 Mission St. San Antonio, TX 78210			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Video shoot	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11		2 FILER NAME SUSAN AMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 30 OCT 10		5 Payee name City of Live Oak			
6 Amount (\$) \$ 2380		7 Payee address; City; State; Zip Code 8001 Shin Oak Dr., Live Oak, TX 78233			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Office Overhead		(b) Description (If travel outside of Texas, complete Schedule T) Water service	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 26 OCT 10		Payee name Security One			
Amount (\$) 465.21		Payee address; City; State; Zip Code 716 West Byrd Blvd., Universal City, TX 78148			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Office Overhead		Description (If travel outside of Texas, complete Schedule T) Monitoring services	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 27 OCT 10		Payee name Pay Pal			
Amount (\$) 732.50		Payee address; City; State; Zip Code WWW.PAYPAL.COM			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Solicitation		Description (If travel outside of Texas, complete Schedule T) processing fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 27 OCT 10		Payee name Alamo Mailing			
Amount (\$) 41550.10		Payee address; City; State; Zip Code 333 Burnet St. San Antonio, TX 78202			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) postage	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11		2 FILER NAME SUSAN PARMER LEAN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 29 OCT 10		5 Payee name Office Max			
6 Amount (\$) \$1083		7 Payee address; City; State; Zip Code 8266 Agora Pkwy., Selma, TX 78154			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Office Overhead		(b) Description (If travel outside of Texas, complete Schedule T) office supplies	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 30 OCT 10		Payee name Shipley Donuts			
Amount (\$) \$2034		Payee address; City; State; Zip Code 1280 S IH-35 New Braunfels, TX 78130			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage		Description (If travel outside of Texas, complete Schedule T) food	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1 NOV 10		Payee name DAVID CLARK			
Amount (\$) \$2000-		Payee address; City; State; Zip Code 1343 Rotherman Canyon Lake, TX 78133			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Salaries		Description (If travel outside of Texas, complete Schedule T) personal services contract	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1 NOV 10		Payee name Janelle McArthur for Bill Rasco for Ruth Stone Catering			
Amount (\$) \$1485.31		Payee address; City; State; Zip Code P.O. Box 6A1422 104 Ivy Lane 352 W. Mill St. San Antonio, TX 78269 San Antonio, TX 78209 New Braunfels, TX 78130			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Food/Beverage		Description (If travel outside of Texas, complete Schedule T) Catering	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11		2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1 NOV 10		5 Payee name Janelle McArthur for River City Valet			
6 Amount (\$) \$390-		7 Payee address; City; State; Zip Code P.O. Box 691422 San Antonio, TX 78269 3031 Whisper Fern San Antonio, TX 78230			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Event		(b) Description (If travel outside of Texas, complete Schedule T) valet services	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1 NOV 10		Payee name Janelle McArthur			
Amount (\$) \$237.47		Payee address; City; State; Zip Code P.O. Box 691422 San Antonio, TX 78269			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting		Description (If travel outside of Texas, complete Schedule T) consulting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1 NOV 10		Payee name Pay Pal			
Amount (\$) \$320		Payee address; City; State; Zip Code www.paypal.com			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Solicitation		Description (If travel outside of Texas, complete Schedule T) processing fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1 NOV 10		Payee name morehead / dotts / rybak			
Amount (\$) \$6087.91		Payee address; City; State; Zip Code 122 Oakleaf San Antonio, TX 78209			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Political advertising	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11		2 FILER NAME SUSAN PAMERLEAN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1 Nov 10		5 Payee name morehead / dots / rybak			
6 Amount (\$) \$3050.52		7 Payee address; City; State; Zip Code 122 Oakleaf San Antonio, TX 78209			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising		(b) Description (If travel outside of Texas, complete Schedule T) flyers	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4 Nov 10		Payee name AT : T			
Amount (\$) \$6126		Payee address; City; State; Zip Code www.localization.att.com			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) office overhead		Description (If travel outside of Texas, complete Schedule T) phone service	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11 Nov 10		Payee name CPS Energy			
Amount (\$) \$5792		Payee address; City; State; Zip Code P.O. Box 2678 San Antonio, TX 78289			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) office overhead		Description (If travel outside of Texas, complete Schedule T) utilities at headquarters	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 1 Nov 10		Payee name morehead / dots / rybak			
Amount (\$) \$1500		Payee address; City; State; Zip Code 122 Oakleaf San Antonio, TX 78209			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) flyers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11		2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2 NOV 10		5 Payee name PayPal			
6 Amount (\$) \$23.28		7 Payee address; City; State; Zip Code WWW.PAYPAL.COM			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Solicitation		(b) Description (If travel outside of Texas, complete Schedule T) processing fees	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10 NOV 10		Payee name McDonald Signs			
Amount (\$) \$300-		Payee address; City; State; Zip Code P.O. Box 276557 San Antonio, TX 78227			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) remove banner	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10 NOV 10		Payee name David Clark			
Amount (\$) \$1000-		Payee address; City; State; Zip Code 1343 Rotherman Canyon Lake, TX 78133			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Salaries		Description (If travel outside of Texas, complete Schedule T) personal services contract	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10 NOV 10		Payee name David Clark for Virgin Mobile USA			
Amount (\$) \$8240		Payee address; City; State; Zip Code 1343 Rotherman Canyon Lake, TX 78133 Virgin mobile usa.com			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) internet service	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11		2 FILER NAME SUSAN AMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10 NOV 10		5 Payee name David Clark for Office Max			
6 Amount (\$) \$2.37		7 Payee address; City; State; Zip Code 1343 Rotherman Canyon Lake, TX 78133 8266 Agric Pkwy Selma, TX 78154			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Office overhead		(b) Description (If travel outside of Texas, complete Schedule T) office supplies	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10 NOV 10		Payee name David Clark for Office Depot			
Amount (\$) \$4.09		Payee address; City; State; Zip Code 1343 Rotherman Canyon Lake, TX 78133 3713 Colony Br. San Antonio, TX 78230			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Office overhead		Description (If travel outside of Texas, complete Schedule T) office supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10 NOV 10		Payee name David Clark for Bexar County Election Off			
Amount (\$) \$40.00		Payee address; City; State; Zip Code 1343 Rotherman Canyon Lake, TX 78133 203 W. Nueva San Antonio, TX 78207			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Solicitation		Description (If travel outside of Texas, complete Schedule T) Voter lists	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10 NOV 10		Payee name David Clark for US Postal Service			
Amount (\$) \$2.62		Payee address; City; State; Zip Code 1343 Rotherman Canyon Lake, TX 78133 Lockhill Station San Antonio, TX 78230			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Solicitation		Description (If travel outside of Texas, complete Schedule T) postage	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel in District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <u>11</u>		2 FILER NAME <u>SUSAN PAMERLEAN</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>10 NOV 10</u>		5 Payee name <u>David Clark for H.E.B</u>			
6 Amount (\$) <u>\$436</u>		7 Payee address: City: State: Zip Code <u>1343 Rotherman Canyon Lake, TX 78133</u> <u>910 Kitty Hawk Universal City, TX 78148</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Food/beverage</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>beverages</u>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>24 NOV 10</u>		Payee name <u>CPS Energy</u>			
Amount (\$) <u>\$1525</u>		Payee address: City: State: Zip Code <u>P.O. Box 2678 San Antonio, TX 78289</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Office overhead</u>		Description (If travel outside of Texas, complete Schedule T) <u>utilities at headquarters</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>26 NOV 10</u>		Payee name <u>Constant Contact</u>			
Amount (\$) <u>\$3240</u>		Payee address: City: State: Zip Code <u>1601 Trapelo Rd., Waltham, MA 02451</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Advertising</u>		Description (If travel outside of Texas, complete Schedule T) <u>e-mail marketing</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>27 DEC 10</u>		Payee name <u>Constant Contact</u>			
Amount (\$) <u>\$3240</u>		Payee address: City: State: Zip Code <u>1601 Trapelo Rd., Waltham, MA 02451</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Advertising</u>		Description (If travel outside of Texas, complete Schedule T) <u>e-mail marketing</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11		2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4 NOV 10		5 Payee name HOUSE of PRINT & COPY			
6 Amount (\$) 351.95		7 Payee address; City; State; Zip Code 354 W. SUNSET RD SAN ANTONIO, TX 78209			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) ADVERTISING		(b) Description (If travel outside of Texas, complete Schedule T) PRINTING	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 4 NOV 10		Payee name HOUSE of PRINT & COPY			
Amount (\$) 192.19		Payee address; City; State; Zip Code 354 W. SUNSET RD SAN ANTONIO TX 78209			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING		Description (If travel outside of Texas, complete Schedule T) PRINTING	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule G:

1

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

28 OCT 10

5 Payee name

River Center Marriott

6 Amount (\$)

\$ 1500

7 Payee address;

City; State; Zip Code

101 BOWIE ST

SAN ANTONIO TX 78205

☐ Reimbursement from
political contributions
intended

8 PURPOSE
OF
EXPENDITURE

(a) Category (See categories listed at the top of this schedule)

Solicitation

(b) Description (If travel outside of Texas, complete Schedule T)

parking

Date

30 OCT 10

Payee name

Alamo Asian American Chamber of Commerce

Amount (\$)

\$ 125.00

Payee address;

City; State; Zip Code

PO BOX 12082

SAN ANTONIO TX 78212

☐ Reimbursement from
political contributions
intended

PURPOSE
OF
EXPENDITURE

Category (See categories listed at the top of this schedule)

Solicitation

Description (If travel outside of Texas, complete Schedule T)

AAACC gala

Date

29 NOV 10

Payee name

U.S. Postal Service

Amount (\$)

-.98

Payee address;

City; State; Zip Code

1140 S LAREDO ST

SAN ANTONIO TX 78204

☐ Reimbursement from
political contributions
intended

PURPOSE
OF
EXPENDITURE

Category (See categories listed at the top of this schedule)

Solicitation

Description (If travel outside of Texas, complete Schedule T)

postage

Date

Payee name

Amount (\$)

Payee address;

City; State; Zip Code

☐ Reimbursement from
political contributions
intended

PURPOSE
OF
EXPENDITURE

Category (See categories listed at the top of this schedule)

Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: <u>1</u>		2 FILER NAME <u>SUSAN PAMERLEAU</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date		5 Business name			
6 Amount (\$)		7 Business address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <u>1</u>		2 FILER NAME <u>SUSAN PAMERLEAU</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date		5 Payee name			
6 Amount (\$)		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (See instructions regarding type of information required.)	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (See instructions regarding type of information required.)	

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SCHEDULE K

1 Total pages Schedule K:

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Payor name	6 Payor address; City; State; Zip Code	7 Reason for credit	8 Amount (\$)
Date	Payor name	Payor address; City; State; Zip Code	Reason for credit	Amount (\$)
Date	Payor name	Payor address; City; State; Zip Code	Reason for credit	Amount (\$)
Date	Payor name	Payor address; City; State; Zip Code	Reason for credit	Amount (\$)
Date	Payor name	Payor address; City; State; Zip Code	Reason for credit	Amount (\$)

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**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE
FOR TRAVEL OUTSIDE OF TEXAS****SCHEDULE T**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: 1

2 FILER NAME

SUSAN PAMER LEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☐ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

Dates of travel

Name of person(s) traveling

Departure city or name of departure location

Destination city or name of destination location

Means of transportation

Purpose of travel (including name of conference, seminar, or other event)

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